

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10078531

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<u>29</u>	<u>34</u>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<u>53</u> minus 20 = <u>33</u>	*
INDEPENDENT CLAIMS	<u>8</u> minus 3 = <u>5</u>	*
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	• <u>42</u>		<u>34</u>	<u>8</u>
	Independent	• <u>7</u>	<u>6</u>	<u>1</u>

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

BEST AVAILABLE COPY

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<u>144</u>
X42=		OR X84=	<u>86</u>
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	<u>230</u>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	• <u>45</u>		<u>42</u>	<u>3</u>
	Independent	• <u>7</u>	<u>7</u>	<u>0</u>

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<u>150</u>
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	<u>150</u>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	•		<u>0</u>	<u>0</u>
	Independent	•	<u>0</u>	<u>0</u>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



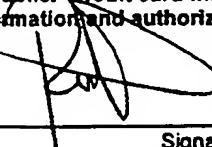
PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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*AF 5/20/05
Zew*

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) IDB-0018										
<p>In re Application of Denis Martin</p> <table border="1"> <tr> <td>Application Number 10/078,531</td> <td>Filed February 21, 2002</td> </tr> <tr> <td colspan="2">STREPTOCOCCUS PYOGENES POLYPEPTIDES AND For CORRESPONDING DNA FRAGMENTS</td> </tr> <tr> <td>Group Art Unit 1645</td> <td>Examiner Khatol S. Shahnan Shah</td> </tr> </table>			Application Number 10/078,531	Filed February 21, 2002	STREPTOCOCCUS PYOGENES POLYPEPTIDES AND For CORRESPONDING DNA FRAGMENTS		Group Art Unit 1645	Examiner Khatol S. Shahnan Shah				
Application Number 10/078,531	Filed February 21, 2002											
STREPTOCOCCUS PYOGENES POLYPEPTIDES AND For CORRESPONDING DNA FRAGMENTS												
Group Art Unit 1645	Examiner Khatol S. Shahnan Shah											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ <u>1020.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p></p> <hr/> <p>May 20, 2005</p> <p>Date</p> <p>Signature</p> <p>Richard M. Lebovitz Reg. No. 37,067</p> <p>Typed or printed name</p> <hr/> <p>05/23/2005 SZEWD1E1 00000008 10078531</p> <p>02 FC:1401 500.00 OP</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives (if more than one signature is required, see below). <input type="checkbox"/> *Total of forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1020.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____											
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<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1020.00</u>											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the complexity of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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